STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 262	Continued From page 180	W 262		

objectives for assaults, self induced vomiting, destruction of property, and self harm. He required 1:1 staffing.

His Psychoactive Drug Review note, dated 12/16/05, stated "He has had an increase in assaults over the last three months for reasons that appear to relate to a change of environment, with change in his peer group specifically being an issue, and also recently a change of treatment staff...The treatment team recommends no medication changes while behavioral interventions are explored and instituted." However, his Psychoactive Drug Review note, dated 3/10/06, stated "An anxiety observation checklist was performed with a score of 40, which shows a reasonably significant amount of anxiety symptoms. He has been vomiting frequently, which is self-induced, and staff feels that it is an expression of his anxiety symptoms...It seems that the anxiety symptoms are significant enough to warrant some exploration of treatment alternatives...Alteration of Clomipramine [Anafranil] with Lexapro would reduce the potential cardiotoxicity of his medication regimen...We discussed various benzodiazepine choices and Klonopin and Xanax XR seemed more desirable..." No documentation of discussion related to on-going peer group and treatment team staff changes could be found in his Psychoactive Drug Review notes.

The "BRC, HRC, and Team Members Review and Approval of Proposed Intervention" sheet, signed 4/14/06, stated the therapeutic value of his behavior plan and the possible risks had been reviewed and it was agreed that the proposed interventions were the least restrictive

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 262	Continued From page 181 interventions necessary to ensure protection to Individual #14 and others. The BSP stated the plan was being revised to "request consent for medication changes. Medication changes are being considered due to the concern over [Individual #14's] increased frequency of self-induced vomiting." His BSP also stated Anafranil would replace Lexapro and Xanax-XR would be started to better address issues of impulse control disorder (not otherwise specified) and Anxiety disorder (not otherwise specified) "as evidenced by assaults, self harm, and episodes of self induced vomiting due to anxiety." The plan further stated "This individual appears to continue to experience difficulty with processing his anxiety which results in increased frequencies of self-induced vomiting..." The "Functional Assessment" section of the plan stated "A major antecedent to [Individual #14's] behaviors, particularly assaults and vomiting, are scheduled and unscheduled visits with his family. [Individual #14] tends to become particularly agitated when he had contact with his biological mother, via telephone, or scheduled or unscheduled visits. Recently, [Individual #14's] mother had a child. She had visited somewhat regularly prior to the baby's birth. However, the number and length of her visits has decreased and become less predictable, and [Individual #14] appears to be affected by it. He becomes assaultive both prior to and after her visits..." The "Functional Assessment" section of his BSP also stated many of his "assaults appear to be when he is feeling overwhelmed by his environment being too chaotic and/or he is intimidated by something that is going on in his environment, such as another peer being restrained or	W 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 262	Continued From page 182	W 262		

aggressive..." The assessment did not include information related to continuing changes in his peer group (Individual #12 being admitted on 2/3/06, increasing the number of maladaptive behaviors and restraints on the living unit) or the changes in his treatment team members.

When asked about the functional assessment information included in Individual #14's BSP, the QMRP stated during an interview on 6/15/06 at 8:56 a.m., his mother had a baby a long time ago, before she came and the QMRP who had assisted on the unit stated he believed the functional assessment was moved as a block from the old document to the new one.

Without updated assessment information in his BSP, reflecting environmental factors which potentially impacted his maladaptive behavior, the facility would not be able to ensure the HRC was provided with sufficient information necessary to make fully informed recommendations and/or give approvals for Individual #14's restrictive behavior interventions.

3. Approval for Individual #16's for his BSP, updated 5/17/06, was given by the HRC on 5/19/06. His BSP stated he was a 15 year old male. His BSP included objectives for assault, suicide threats, destruction of property, self injurious behavior, and leaving without permission. The plan stated his "behaviors of physical assaults continue, but with variable frequency. Suicide threats have increased significantly since the inception of the last program. Other behaviors of leaving without permission and self harm have also increased. Reports of psychotic behaviors (e.g., bizarre

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 262	Continued From page 183 thoughts, auditory hallucinations) continue." a. The BSP stated stated he "had been on a slow taper off the Risperdal until September when he had an increase in symptoms and the taper was stopped at the current levels. The team will monitor and continue the taper if [Individual #16] is able to tolerate it. The next med to be challenged would be the Topamax." His BSP further stated he "knew he was going to court to discuss possible re-commitment to [the facility] and had hope that he would go home so his behaviors were very good in July and August [2005]. He was recommitted in September and the data reflects his disappointment and frustration." The plan included behavioral data reflective of physical assaults, LWOP, DOP, suicide threats, sexual misconduct, and self harm from 1/05 - 12/05. The plan was not updated to include current data and no data regarding his "psychotic behaviors (e.g., bizarre thoughts, auditory hallucinations)" was included in the plan. Without sufficient assessment information based on objective current data regarding Individual #16's maladaptive and psychotic behaviors, the facility would not be able to ensure the HRC had adequate information on which to base program recommendations/approvals. b. His BSP included an objective to "have a T-score of 55 or less on the Conner's' [sic] Rating Scale (ADHD) subcategory tested quarterly for 6 months..." The data collection section of the plan stated the Rating Scale "will be administered every three months" and the "Depression Observation Checklist will be administered monthly..." No updated data/information related	W 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 262	Continued From page 184	W 262		

to the scales (quarterly score, average score, etc.) was available.

Without sufficient assessment information based on objective current data regarding Individual #16's ADHD and Depression ratings, the facility would not be able to ensure the HRC had adequate information on which to base program recommendations/approvals.

c. Individual #16's BSP included a medication plan which stated he received Risperdal 1 mg each morning and 2 mg each evening and Abilify 2.5 mg each morning. However, his PDR notes documented his medications had been changed as follows:

- 10/7/05: The PDR note stated his Risperdal was tapered from 6 mg a day down to 2 mg a day.
- 12/16/06: The PDR note included a plan to increase his Abilify from 2.5 mg to 5 mg each morning and consider a further decrease of Risperdal in 3 months.

The BSP was not updated to reflect Individual #16's current medication doses.

Without updated information related to Individual #16's behavior modifying medications, the facility would not be able to ensure the HRC had accurate assessment information necessary to make fully informed recommendations/approvals regarding his intervention strategies.

4. Individual #13's BSP, updated 6/16/05, stated he was a 16 year old male diagnosed with impulse control disorder (not otherwise specified), paraphilias, and mild to moderate mental

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 262	Continued From page 185	W 262		

retardation. His BSP included objectives for physical assaults, sexual misconduct, invasion of space, and grooming related to sexual misconduct. He was re-admitted to the facility on 3/23/05.

An approval form from the HRC committee, dated 12/16/05, was attached to Individual #13's BSP and stated the following: The "BRC, HRC and Team Member Review and Approval of Proposed Intervention" form, dated 05/11/05, stated the therapeutic value of his behavior plan and the possible risks had been reviewed and it was agreed that the proposed interventions were the least restrictive interventions necessary to ensure protection to Individual #13 and others.

a. The BSP stated "This 5-21-05 update is to address [Individual #13's] grooming behaviors as well as staff instructions to assist [Individual #13] in better managing his grooming behaviors. The update on 6/16/05 is to include additional positive interventions such as anger management." The status section of the plan stated his first several weeks at the facility had been "relatively uneventful. Then [Individual #13] began to re-engage in some of his previously documented challenging behaviors to include: attempts to choke staff and assaults toward his peers, and making verbal threats towards staff and peers. Further, [Individual #13] began to display sexual grooming type behaviors and poor physical boundaries with his peers and staff. Based on his history at [the facility] and other community placements the team feels strongly that the low number of his targeted behaviors since admission reflect a 'Honeymoon period'. The treatment team anticipates an increase or reemergence of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 262	Continued From page 186	W 262		

targeted behaviors."

Individual #13's status section of his BSP was not updated when the 5/21/05 and 6/16/05 revisions were made to his BSP. Without current information regarding his status, the facility would not be able to ensure the HRC had adequate information on which to base program recommendations/approvals.

b. The data for targeted behaviors section of the plan stated "The Treatment Team is still collecting baseline data for [Individual #13's] targeted behaviors as he has only been at [the facility] for approximately one month. Since he arrive he has assaulted staff twice and reported to his counselor that he 'will hurt anyone who makes him mad'.[sic] He has also reported to his counselor that he often thinks about certain boys living on his unit in a sexual way and wonders what it would be like to 'have sex with them.' He has told his counselor that he masturbates successfully while thinking about these particular boys. [Individual #13] also reports to his counselor that he wonders what it would be like to have sex with other boys when he is out in the community [sic] On prior occasions, he had assaulted a school aid...which resulted in severe head and neck injuries. He also assaulted his teachers and one was injured. It takes at least 4 people to restrain [Individual #13] due to his strength and the violence of his assaults. Based on the nature of his behaviors warranting readmission and [Individual #13's] historical data, it is believed that the components of this program represent the least restrictive intervention to ensure safety and protect [Individual #13] and others from harm. Below is historical data on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 262	Continued From page 187 [Individual #13's] targeted challenging behaviors prior to his discharge in 2003." However, the data table in the plan was identified as 2005 data. It was not clear whether the data was reflective of 2003 or 2005 data. Without sufficient assessment information based on objective current data regarding Individual #13's maladaptive behaviors, the facility would not be able to ensure the HCR had adequate information on which to base program recommendations/approvals. c. Individual #13's BSP stated he was receiving Trileptal 1200 mg each day and Seroquel 600 mg each day. However, Individual #13's PDR notes documented his medications had been increased as follows: 10/14/05 - Seroquel was increased to 200 mg each morning and 600 mg each evening, for a total of 800 mg daily and Trileptal was increased to 600 mg each morning and 900 mg each evening, for a total of 1500 mg daily. Individual #13's medication changes were not reflected in his BSP. Without an updated behavioral status, data, and intervention information, it would not be possible for the facility to ensure the HRC received sufficient, comprehensive information necessary to make recommendations and/or give approvals for Individual #13's restrictive behavior interventions.	W 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 266	483.450 CLIENT BEHAVIOR & FACILITY PRACTICES The facility must ensure that specific client behavior and facility practices requirements are met. This CONDITION is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure that techniques used to manage inappropriate behavior were sufficiently developed, consistently implemented, and closely monitored. This failure resulted in individuals not receiving appropriate behavioral services and interventions. The findings include: 1. Refer to W124 as it relates to the facility's failure to ensure sufficient information was provided to parents/guardians on which to base consent decisions. 2. Refer to W214 as it relates to the facility's failure to ensure behavioral assessments were current, comprehensive, and accurately identified the individuals' behavioral status and needs. 3. Refer to W234 as it relates to the facility's failure to ensure individuals' behavior plans included sufficient direction to staff. 4. Refer to W237 as it relates to the facility's failure to ensure the individuals' program plans specified behavior data to be collected that was in a form and frequency sufficient to adequately assess the efficacy of the intervention strategies. 5. Refer to W252 as it relates to the facility's	W 266		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 266	Continued From page 189	W 266		

failure to ensure staff recorded behavioral data in the form and frequency specified in the program plan.

6. Refer to W260 as it relates to the facility's failure to ensure the individuals' PCP information was updated as needed.

7. Refer to W262 as it relates to the facility's failure to ensure sufficient information was provided to HRC on which to base program recommendations/approvals.

8. Refer to W277 as it relates to the facility's failure to ensure the maladaptive behavior policy included all positive and intrusive behavior interventions on a hierarchy ranging from most positive to most intrusive.

9. Refer to W278 as it relates to the facility's failure to ensure evidence of least restrictive or more positive techniques were utilized prior to more restrictive techniques to manage individuals' maladaptive behaviors.

10. Refer to W289 as it relates to the facility's failure to ensure all behavioral interventions were written into the individuals' program plans.

11. Refer to W295 as it relates to the facility's failure to ensure individual program plans specified the type of physical restraints which were to be used and the circumstances under which they were to be employed.

12. Refer to W297 as it relates to the facility's failure to ensure physical restraint was employed only as a health-related protection prescribed by a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 266	Continued From page 190 physician during a specific medical or surgical procedure. 13. Refer to W303 as it relates to the facility's failure to ensure that the use of restraint was adequately documented to present a clear understanding of the events prior to, during, and following its use. 14. Refer to W312 as it relates to the facility's failure to ensure behavior modifying drugs were used only as a comprehensive part of the individuals' PCPs that was directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed.	W 266		
W 277	483.450(b)(1)(ii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive. This STANDARD is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure the mal-adaptive behavior policy included all positive and intrusive behavior interventions on a hierarchy ranging from most positive to most intrusive for 91 of 91 individuals (Individuals #1 - #91) residing in the facility. This resulted in the potential for individuals being subjected to more intrusive interventions prior to less restrictive	W 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 277	Continued From page 191 alternatives being used. Findings include: 1. The facility policy for "Enhanced Supervision,"effective 4/1/06, stated enhanced supervision was defined by different supervision levels which included the following: - Arm's Length Supervision: Staff were to remain within 3 feet of the person and be able to intervene immediately as needed. - Close Proximity Supervision: Staff were to remain within 3 to 15 feet of the person and be able to intervene within 5 seconds. - Line of sight Supervision: Staff were to remain within 15 to 25 feet of the person, keep them constantly within line of sight, and be able to intervene as needed within 10 seconds. - Heightened Supervision: Staff in the area were to know where the person was at all times, visually observe the person within 5 to 15 minute intervals, and be able to intervene as needed. - General supervision: Staff supervision was no greater than anyone else's level of supervision in the same area and was provided through established staffing patterns and routines. The facility's "Guidelines for Behavioral Intervention" policy, effective 6/1/05, did not include the enhanced levels of supervision in its behavior hierarchy. When asked about the policy, the Administrator stated, on 6/15/06 at 2:15 p.m., the policy did not include the enhanced supervision guidelines. She further stated there were some positive interventions that were not in	W 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 277	Continued From page 192 the policy and a revision to the policy was in the process of being drafted.	W 277		
W 289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure all behavioral interventions were written into PCPs for 4 of 21 individuals (Individuals #5, 12, 19, and 22) whose behavior management plans were reviewed. This resulted in the potential for inappropriate interventions to be used. Findings include: 1. Individual #19 was a 25 year old female with diagnoses of bipolar disorder, post traumatic stress disorder, mild mental retardation, and borderline personality. She was admitted to the facility on 4/5/06. Her psychological report, dated 4/06, stated, "Specific behaviors of concern included head banging, biting, cutting, hitting and scratching her self....kicking, hitting, biting and spitting; oppositional behavior." The report stated when she was previously at the facility, her target behaviors included LWOP, physical assault, verbal assault and SIB.	W 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 289	Continued From page 193 The IDT meeting notes, dated 4/13/06, stated, "one of her restraints lasted over 1 hour and she was given a chemical prn. The team discussed and if she is restrained for more than 15 consecutive minutes, a chemical restraint will be requested." Her BSP did not include the use of a chemical restraint. Review of her Nursing Notes documented she received the following chemical restraints: 4/12/06 - Haldol 5 mg and Benadryl 50 mg. 4/21/06 - Haldol 10 mg and Benadryl 100 mg. 5/23/06 - Haldol 10 mg and Benadryl 100 mg. 6/11/06 - Haldol 10 mg, Benadryl 100 mg, and Ativan 2 mg. The QMRP was interviewed on 6/16/06 at 8:30 a.m., and stated the use of the chemical restraints were not in the program, as facility policy required the emergency use of the restrictive intervention be documented three times prior to including it in the BSP. The facility failed to ensure the use of chemical restraints was incorporated into Individual #19's BSP in a timely fashion. 2. Individual #5's BSP, dated 4/6/06, stated he was a 13 year old male who had a history of psychiatric hospitalizations and foster care placements due to battery, fire setting, theft, inappropriate sexual behaviors toward younger children and staff, and cruelty to animals. His BSP included objectives for physical assaults, invasion of personal space, sexual misconduct, anger outbursts, leaving without permission, and	W 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 289	Continued From page 194	W 289		

destruction of property. The plan stated the program was being revised to incorporate the use of mechanical and chemical restraints.

The plan stated "Since November of 2005 a chemical restraint has been ordered 10 times due to [Individual #5's] behavior escalating and his not being able to calm his self during the HIS restraints. The chemical restraint was actually given on 6 occasions."

His medication records and nursing notes documented he had received the following:

11/16/05 - Thorazine 50 mg
12/26/05 - Thorazine 50 mg
1/12/06 - Thorazine 50 mg
3/12/06 - Thorazine 50 mg
3/13/06 - Thorazine 50 mg
3/30/06 - Thorazine 50 mg

The facility's emergency restraint policy (R.L.#1), effective 8/18/00, stated "It shall be the responsibility of the Treatment Team to develop a comprehensive behavior modification program for any behavior that prompts the use of emergency physical, mechanical, or chemical restraints more than three times in a six month period unless the team determines and documents in the individual's program record that the precipitating conditions were transitory, not likely to be repeated..."

When asked about the criteria, the Acting Administrator stated, on 6/15/06 at 2:10 p.m., the criteria in the R.L. #1 policy should be followed.

The facility failed to ensure the use of chemical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 289	Continued From page 195 restraints was incorporated into Individual #5's plan in a timely fashion. 3. Individual #22's BSP, titled Reduce Symptoms of Organic Brain Syndrome - Dementia NOS, updated 1/10/06, stated her "non-targeted" behavior was lying on the ground. The plan stated "she may not always choose the most appropriate place (safety or dignity)." Staff were to encourage her to make a more appropriate choice (bean bag chair, yoga mat, or moving to a couch) by prompting her every 15 minutes. Individual #22's PCP did not contain an objective related to the use of the intervention when she laid on the ground. The facility failed to ensure the use of systematic interventions to manage inappropriate behavior were incorporated into Individual #22's PCP. 4. Refer to W295 as it relates to the facility's failure to ensure individual program plans specified the type of physical restraints which were to be used and the circumstances under which they were to be employed.	W 289		
W 295	483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was	W 295		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 295	Continued From page 196	W 295		

determined the facility failed to ensure the use of physical restraints were written into the PCP for 3 of 21 individuals (Individuals #12, #19 and #21) whose behavior management plans were reviewed. This resulted in the potential for inappropriate interventions to be used. Findings include:

1. Individual #19 was a 25 year old female with diagnoses of bipolar disorder, post traumatic stress disorder, mild mental retardation, and borderline personality. She was admitted to the facility on 4/5/06. Her psychological report, dated 4/06, stated, "Specific behaviors of concern included head banging, biting, cutting, hitting and scratching her self....kicking, hitting, biting and spitting; oppositional behavior." The report stated when she was previously at the facility, her target behaviors included LWOP, physical assault, verbal assault and SIB.

Behavior Reporting Forms were reviewed from 4/12/06 to 6/11/06. The forms documented the following physical, and mechanical restraints:

4/12/06:
HIS prone with with cuff mechanical restraints from 3:14 p.m. to 4:02 p.m.
HIS prone with cuff mechanical restraints from 5:33 p.m. to 7:42 p.m.

4/21/06:
Prone restraint from 1:30 to 2:23 p.m.

5/19/06:
Sitting restraint from 10:00 a.m. to 10:04 a.m.
Prone restraint from 10:04 a.m. until 10:37 a.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 295	Continued From page 197 5/23/06: Prone restraint for 30 minutes Individual #19's BSP, dated 5/2/06, included the following objectives: a. "{Individual #19} will have fewer than five episodes of anger outbursts for three consecutive months by 4/07." Anger outbursts were defined as exhibiting two or more incidents of verbal threats, loud voice, self-report of anger, self-injurious behaviors, and destruction of property. The section titled Instructions for Staff stated: "Staff will verbally block and redirect {Individual #19} by reminding her that she may take a break in a safe area. Remind {Individual #19} that she may request to talk with staff if she needs to talk about something. Remind {Individual #19} that she may use her weighted blanket to help calm. Staff will record each episode of anger outburst on the behavior reporting form. An episode is defined in the data section. Staff will check the box for each behavior that occurred during the episode." b. "{Individual #19} will have fewer that five episodes of impulsivity for three consecutive months by 4/07. Impulsivity was defined as exhibiting two or more of a cluster of behaviors of physical assault, suicide ideation, LWOP, and interrupting staff. Instructions to staff stated: "Staff will verbally block and redirect {Individual #19} by reminding her that she may take a break in a safe area. Remind {Individual #19} that she may request to talk with staff if she needs to talk	W 295		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 295	Continued From page 198	W 295		

about something. Staff will record each episode of impulsivity on the behavior reporting form. An episode is defined in the data section. Staff will check the box for each behavior that occurred during the episode."

The QMRP was interviewed on 6/16/06 at 8:30 a.m., and stated the use of the physical restraints was not in the program and facility policy required the emergency use of restrictive interventions be documented three times prior to including it in the BSP. When asked about the use of the restraints on 4/12/06 and on 4/21/06, she stated the restrictive interventions were currently in the plan which would be reviewed on 6/23/06 by the HRC.

The facility failed to ensure a plan to reduce the use of restraints was developed and incorporated into Individual #19's PCP when the need for such interventions became apparent.

2. Individual #12's BSP, revised 3/17/06, stated he was a 12 year old male and had the following diagnosis: Asperger's Disorder, Attention Deficit Hyperactive Disorder, combined type, Schizoaffective Disorder, Bipolar Type by history, probable Obsessive Compulsive Disorder, and possible Oppositional Defiant Disorder. His BSP stated he was admitted on 2/3/06, and included objectives for physical assaults, psychotic behavior, destruction of property, and skin picking. The plan included an HRC review and approval form dated 3/10/06.

The "Data for Targeted Behaviors" section of the BSP stated, "Originally the Treatment Team was not going to request the use of HIS in this program; however, due to the number of assaults

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 295	Continued From page 199 and the intensity of those, we have decided that it is in the best interest of all of the clients to ensure safety." The plan further stated, "A behavioral functional assessment is being conducted on the cause of the assaults that lead to the restraints in an attempt to fade their use as soon as possible." When asked during an interview on 6/16/06 at 8:02 a.m., the QMRP stated she did not know if the assessment mentioned in the report had been completed. Review of Individual #12's restraint data showed the following emergency escorts, stand, sit, and prone restraints that were used: 2/3/06: Prone restraint from 5:45 p.m. to 6:15 p.m. 2/7/06: Prone restraint from 8:20 a.m. to 8:35 a.m. 2/8/06: Sit restraint from 8:21 p.m. to 8:34 p.m. 2/11/06: Prone restraint from 3:52 p.m. to 4:05 p.m. Prone restraint from 5:35 p.m. to 5:52 p.m. 2/12/06: Prone restraint from 1:00 p.m. to 1:20 p.m. 2/16/06: Prone restraint from 1:02 p.m. to 1:08 p.m. 2/17/06: Prone restraint from 9:31 a.m. to 9:44 a.m. Sit restraint from 9:28 p.m. to 9:35 p.m.	W 295		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 295	Continued From page 200	W 295		

2/19/06:
Stand restraint from 8:11 p.m. to 8:16 p.m.

2/20/06:
Escort from 8:17 a.m. to 8:17 a.m.
Escort from 9:54 p.m. to 9:56 p.m.

2/22/06:
Prone restraint from 11:23 a.m. to 11:30 a.m.
Prone restraint from 11:31 a.m. to 11:37 a.m.

2/23/06:
Prone restraint from 6:42 p.m. to 7:10 p.m.

2/24/06:
Sit restraint from 4:46 p.m. to 4:56 p.m.
Sit restraint from 7:05 p.m. to 7:19 p.m.
Prone restraint from 7:50 p.m. to 8:02 p.m.

2/26/06:
Prone restraint from 12:10 p.m. to 12:21 p.m.

2/28/06:
Sit restraint from 2:45 p.m. to 2:55 p.m.
Sit restraint from 3:16 p.m. to 3:30 p.m.

3/2/06:
Prone restraint from 9:49 a.m. to 9:59 a.m.
Prone restraint from 11:05 a.m. to 11:28 a.m.

3/4/06:
Sit restraint from 9:30 p.m. to 9:37 p.m.

3/5/06:
Stand restraint from 9:30 a.m. to 9:35 a.m.
Prone restraint from 1:22 p.m. to 1:33 p.m.
Sit restraint from 5:25 p.m. to 5:30 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 295	Continued From page 201	W 295		

3/6/06:
Sit restraint from 2:36 p.m. to 2:44 p.m.
Sit restraint from 6:10 p.m. to 6:34 p.m.

3/7/06:
Prone restraint from 11:41 a.m. to 11:45 a.m.

3/8/06:
Prone restraint from 12:15 p.m. to 12:30 p.m.
Prone restraint from 12:40 p.m. to 12:47 p.m.
Sit restraint from 4:07 p.m. to 4:16 p.m.
Sit restraint from 5:25 p.m. to 5:29 p.m.
Sit restraint from 6:18 p.m. to 6:28 p.m.
Sit restraint from 8:50 p.m. to 9:00 p.m.

3/9/06:
Sit restraint from 11:28 a.m. to 11:35 a.m.

The facility's emergency restraint policy (R.L.#1), effective 8/18/00, stated "It shall be the responsibility of the Treatment Team to develop a comprehensive behavior modification program for any behavior that prompts the use of emergency physical, mechanical, or chemical restraints more than three time in a six month period unless the team determines and documents in the individual's program record that the precipitating conditions were transitory, not likely to be repeated..."

The facility failed to assure physical restraints were employed only as an integral part of Individual #12's individual program plan, and to assure the plan lead to less restrictive means of managing and eliminating the behavior for which the restraint was applied, once the need for restraint became apparent.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 295	Continued From page 202	W 295		

3. Individual #21's PCP, dated 1/18/06, documented a 24 year old male diagnosed with profound mental retardation, intermittent explosive disorder, seizure disorder, cerebral palsy with spastic quadriplegia, and scoliosis of the spine. He used a wheelchair for ambulation and mobility.

Individual #21's BSP, titled Manage Mood, updated 5/22/06, stated "During 2005, [Individual #21] has engaged in more frequent low intensity self-injurious behaviors such as finger picking, scratching and pinching himself. [Individual #21's] finger picking occurs most frequently during the night while he is wearing his mitts. (He could still rub his fingers with his thumb inside the mitts). The goal manager, occupational therapist and adaptive equipment specialist reviewed the information and instructed staff to use a glove made of wicking material inside the mitt which seems to have been helpful. A sensory assessment was performed and indicated that [Individual #21's] scratching and pinching behaviors may actually be attempts to calm himself by providing deep pressure input." The program stated Individual #21 had the ability to independently remove the mitts.

Individual #21's PCP did not include objectives related to finger picking, scratching, or pinching himself. When asked about Individual #21's behavior, the QMRP stated during an interview on 6/15/06 from 9:00 a.m. - 1:00 p.m., skin picking was not being tracked and there was no objective or plan to address it.

The facility failed to ensure Individual #21's mitts

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 295	Continued From page 203 were used only as an integral part of his PCP that was intended to lead to less restrictive means of managing and eliminating the behavior for which the mitts were applied.	W 295		
W 297	483.450(d)(1)(iii) PHYSICAL RESTRAINTS The facility may employ physical restraint as a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure, or only if absolutely necessary for client protection during the time that a medical condition exists. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure physical restraint was employed only as a health-related protection, during a specific medical or surgical procedure, for 1 of 1 individual (Individual #69) reviewed who had a physician's order in place for physical restraint. Findings include: Attached to an SER for Individual #69, dated 3/25/06, were nursing notes which stated that nursing staff had telephoned a physician and obtained an order for staff to utilize "HIS restraint up to and including prone x 12 hours," for Individual #69. The restraint was utilized for self-injurious behavior, as shown on the "Behavioral Reporting Form," which was also attached to the SER. The order was garnered for behavioral intervention versus a medical procedure or during a time that a medical condition existed. The DNS confirmed on 6/19/06	W 297		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 297	Continued From page 204 at approximately 3:45 p.m., that the error had occurred.	W 297		
W 303	483.450(d)(4) PHYSICAL RESTRAINTS A record of restraint checks and usage must be kept. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the use of restraint was documented to present a clear understanding of the events prior to, during, and following its use for 6 of 12 individuals (Individuals #5, 11 - 12, and 15 - 17) reviewed, for whom restraint was used. Failure to keep a comprehensive record of restraint usage would not allow the individuals' IDT, the facility's HRC, and their guardians to make informed decisions and/or recommendations regarding the use of restraint. The findings include: 1. Restraint usage was reviewed for the individuals on Pine Group 1. The individuals' records did not consistently include a record of restraint which present a clear understanding of the events prior to, during, and following the use of the restraints. Examples include but are not limited to the following: a. Individual #5's raw behavior data documented on 4/3/06 at 2:25 p.m. he was placed in a stand, sit, and prone restraint. He was also placed in a stand, sit and prone restraint at 7:10 p.m. No documentation related to the duration of the restraints could be found in his record.	W 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 303	Continued From page 205	W 303		

- His raw behavior data documented on 4/24/06 at 8:50 p.m., he was engaging in destruction of property and throwing things at the staff. He was placed in a sitting restraint. No documentation related to the duration of the restraints could be found in his record.

- His 3/12/06 raw behavior data documented he was placed in a sit and prone restraint from 9:00 to 9:35 p.m. No documentation of a 30 minute restraint check could be found in his record.

- His 3/24/06 raw behavior data documented he was placed in a sit and prone restraint from 8:11 to 8:50 p.m. No documentation of a 30 minute restraint check could be found in his record.

- His 3/28/06 raw behavior data documented he was placed in a stand, sit, and prone restraint from 7:05 to 7:38 p.m. No documentation of a 30 minute restraint check could be found in his record.

b. Individual #11's raw behavior data documented he was placed in a stand then sit restraint from 9:49 to 10:54 p.m. No documentation of a 30 minute restraint check could be found in his record.

His 3/30/06 raw behavior data documented he was placed in a sit restraint from 3:45 to 4:21 p.m. No documentation of a 30 minute restraint check could be found in his record.

His 4/29/06 raw behavior data documented he was placed in a stand then sit restraint from 8:57 to 9:33 p.m. No documentation of a 30 minute

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 303	Continued From page 206	W 303		

restraint check could be found in his record.

c. Individual #17's raw behavior data documented on 4/17/06 he had been placed in a sit then prone restraint for assaultive behavior from 6:04 to 6:40 p.m. No documentation of a 30 minute restraint check could be found in his record.

d. Individual #16's raw behavior data documented on 4/14/06 he was placed in a standing restraint at 4:40 p.m. and placed in a stand then sit restraint at 4:58 p.m. No documentation related to the duration of the restraint could be found in his record.

e. Individual #15's raw behavior data documented on 3/13/06 he was placed in a stand, sit, and prone restraint from 4:30 p.m. to 5:15 p.m. No documentation of a 30 minute restraint check could be found in his record.

- His 4/13/06 behavior data documented he was placed in a stand, sit, and prone restraint from 6:59 p.m. to 7:34 p.m. He was also placed in a stand, sit, and prone restraint from 7:38 p.m. to 8:09 p.m. No documentation of a 30 minute restraint check could be found in his record.

- His 04/29/06 behavior data documented he was placed in a stand, sit, and prone restraint from 3:40 p.m. to 4:12 p.m. No documentation of a 30 minute restraint check could be found in his record.

f. Individual #12's behavior data documented on 3/10/06 he was placed in a stand, sit, and prone restraint from 1:55 p.m. to 2:30 p.m. No

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 303	Continued From page 207	W 303		

documentation of a 30 minute restraint check could be found in his record.

- His behavior data documented on 3/19/06 he was placed in a stand, sit, and prone restraint from 1:25 p.m. to 1:55 p.m. No documentation of a 30 minute restraint check could be found in his record.

- His behavior data documented on 4/02/06 he was placed in a sit restraint from 7:46 p.m. to 8:25 p.m. No documentation of a 30 minute restraint check could be found in his record.

- His behavior data documented on 4/05/06 he was placed in a restraint from 12:00 to 12:25 p.m. The type of restraint used was not documented.

- His behavior data documented on 4/14/06 he was placed in a stand, sit and prone restraint from 6:49 p.m. to 7:55 p.m. He was also placed in a sit and prone restraint from 8:07 p.m. to 8:54 p.m. No documentation of a 30 minute restraint check could be found in his record.

When asked about the records of restraint during an interview on 6/15/06 at 10:46 a.m., the QMRP stated staff were expected to fill out a record of restraint when restraint was used. When asked about 30 minutes checks, the Acting Administrator stated staff were not expected to complete 30 minute checks for physical restraints.

The facility failed to ensure the use of restraint was documented to present a clear understanding of the events prior to, during, and following its use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individuals' PCPs that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed for 7 of 14 individuals (Individuals #11 - #17) whose medication plans were reviewed. This resulted in individuals receiving behavior modifying drugs without comprehensive plans that identified drug usage and how they may change in relation to progress or regression. The findings include: The medication plans for the individuals on Pine Group 1 were reviewed. The individuals' plans did not provide sufficient, comprehensive information which was consistent with their status and/or the PDR process as follows: 1. Individual #17's BSP, updated 5/18/05, stated he was a 13 year old male. His BSP included objectives for assaults, leaving without permission, obsessive episodes, and destruction of property. His BSP stated the "program was updated on	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 209 5/18/05 to add positive interventions/replacement behaviors to help provide alternatives to [Individual #17's] obsessing/fixating." The BSP included a medication plan which stated the following: - Prozac 20 mg each morning for PDD/autism as evidenced by obsessing. The plan listed the criteria for increase as obsessing greater than 30 minutes for 20 data probes per month. Criteria for decrease was listed as obsessing less than 30 minutes for 20 data probes per month. - Lexapro 20 mg for PDD/autism as evidenced by obsessing. The plan listed the criteria for increase as obsessing greater than 30 minutes for 20 data probes per month. Criteria for decrease was listed as obsessing less than 30 minutes for 20 data probes per month. The plan further stated the team was requesting "Lexapro to replace Prozac to decrease [Individual #17's] obsessive symptoms." However, review of Individual #17's PDR notes reflected Lexapro had replaced Prozac in 3/05. The plan was not revised to reflect his current medications when revisions were made in 5/05 or when his PCP was updated in 3/06. Additionally, his BSP included an objective for "Obsessing" which stated he would "decrease his obsessive episodes to less than 30 minutes for 20 data probes for 3 consecutive months..." The data section of his BSP stated staff were to run a 30 minute data probe once a day on both the day and swing shift. They were to record how long he spent obsessing on an object/activity and if he was redirected, how long he spent in the activity	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 210 staff redirected him to. The plan did not include instructions to staff as to when or how often they were to attempt to redirect Individual #17 (i.e., continual attempts to redirect, every 5 minutes during the 30 minute probe, every 10 minutes, etc.). His obsessing behavior summary data documented the following: 4/05: 16 5/05: 25 6/05: 22 7/05: 35 8/05: 32 9/05: 24 10/05: 35 11/05: 45 12/05: 52 1/06: 40 2/06: 13 3/06: 17 4/06: 28 5/06: 19 It was unclear what the summary data numbers meant (i.e., average number of minutes spent obsessing, total number of probes in which he obsessed for a full 30 minutes, or total number of probes in which he obsessed under 30 minutes). When asked, the Clinician stated on 6/19/06 at 3:00 p.m., he thought the numbers were reflective of the number of probes in which Individual #17 had obsessed for 30 minutes but he was unsure as he had not developed the data system. He further stated the data collection related to Individual #17's obsessing had recently been revised.	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 211	W 312		

Individual #17's PDR note dated 6/10/05, stated "The patient was a little bit calmer than last session. He seems to fixate slightly less than he did before, although still has a tendency to become obsessed with certain things and go on about it at length. He seems to be at least a little more redirectable since starting Lexapro. Staff concurs with the assessment that they have seen an improvement, although from looking at the patient's presentation and behavioral data, there is still room for further improvement...Increase Lexapro to 15 mg daily." Without knowing how often staff were implementing redirection during the 30 minute probes and without knowing what Individual #17's obsession summary data numbers were reflective of, it would not be possible to objectively determine whether or not a medication change was appropriate or warranted in accordance with his current status or the established criteria in his medication plan.

The medication plan in his BSP also included the following:

- Adderall XR 40 mg each morning for ADHD combined type, as evidenced by LWOP, DOP and assaults. The plan listed the criteria for increase as LWOP 30 or more for 3 months or DOP 20 or more per month or Assaults 30 or more per month for 3 months. Criteria for decrease was listed as LWOP less than 30 for 3 months or DOP less than 20 per month.

- Zyprexa 5 mg each morning for PDD/autism and ADHD as evidenced by LWOP, DOP and assaults. The plan listed the criteria for increase as LWOP 30 or more for 3 months, or DOP 20 or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 212	W 312		

more per month or assaults 30 or more per month for 3 months. Criteria for decrease was listed as LWOP less than 30 for 3 months, DOP less than 20 per month, or assaults 30 or less for 3 months.

- Trileptal 600 mg each morning and 900 mg each evening for ADHD combined type, as evidenced by LWOP, assaults, and seizure management. The plan listed the criteria for increase as LWOP 30 or more for 3 months or Assaults 30 or more per month for 3 months. Criteria for decrease was listed as LWOP less than 30 for 3 months or assaults less than 30 for 3 months.

His behavior summary data was reviewed and documented the following:

Assaults:
3/05: 15
4/05: 15
5/05: 17
6/05: 11
7/05: 8
8/05: 8
9/05: 10
10/05: 20
11/05: 28
12/05: 12
1/06: 11
2/06: 9
3/06: 7
4/06: 13
5/06: 4

Destruction of Property:
3/05: 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 213 4/05: 4 5/05: 2 6/05: 14 7/05: 7 8/05: 16 9/05: 12 10/05: 11 11/05: 11 12/05: 11 1/06: 9 2/06: 3 3/06: 5 4/06: 10 5/06: 6 LWOP: 3/05: 7 4/05: 6 5/05: 8 6/05: 5 7/05: 1 8/05: 6 9/05: 14 10/05: 16 11/05: 28 12/05: 12 1/06: 9 2/06: 5 3/06: 3 4/06: 9 5/06: 7 Individual #17 met and exceeded the establish medication reduction criteria for his Adderall, Zyprexa, and Trileptal. His PDR notes documented the following related to the medications:	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 214	W 312		

6/10/05 - "Zyprexa 5 mg q.a.m. and 10 mg q.h.s. I would not challenge this at this time. Last year, with a small challenge of Zyprexa, he had a significant worsening of behavioral problems rather abruptly. Additionally, we are trying to see if we can optimize treatment for his obsessive compulsive type symptoms and this would cloud the issue as to whether we are seeing symptom improvement with that."

12/16/05 - "Change Zyprexa to 15 mg q.h.s. (discontinue a.m. dose) to see if he can be consolidated on that."

6/9/06 - "The patient has previously had a challenge of Adderall about two and a half years ago that did not go well. But he has been doing fairly well in the recent past and as it is summer it might be a reasonable time to rechallenge that. His other medications, I believe, are appropriate and I would not recommend challenging Lexapro or Zyprexa...In one month challenge Adderall XR to 30 mg q.a.m."

Individual #17's medication reduction plan, as stated in his BSP, was not consistent with his PDR reviews or reflective of his behavioral status.

2. Individual #16's BSP, updated 5/17/06, stated he was a 15 year old male. His BSP included objectives for assault, suicide threats, destruction of property, self injurious behavior, and leaving without permission. The plan stated he "had been on a slow taper off the Risperdal until September when he had an increase in symptoms and the taper was stopped at the current levels. The team will monitor and continue the taper if [Individual #16] is able to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 215	W 312		

tolerate it. The next med to be challenged would be the Topamax." His BSP further stated he "knew he was going to court to discuss possible re-commitment to [the facility] and had hope that he would go home so his behaviors were very good in July and August [2005]. He was recommitted in September and the data reflects his disappointment and frustration."

His 10/7/05 PDR note stated "The patient was seen and evaluated. The patient initially reported that he was doing okay, but looked somewhat dysphoric. When questioned about that, he indicated that he was depressed because he was not discharged from here and he did not want to be here anymore. He, obviously, has a lot of concerns around that. It was noted that approximately three weeks ago he had his Risperdal dose decreased to 1.5 mg q.h.s. and in the interval following that he had an increase in suicidal threats and also punched a wall, hurting his hand, on one occasion. He says he is not currently suicidal. The dose of Risperdal was increased again to 2 mg q.h.s. He seems to be in better control and is participating better this week. The question was raised whether this increase in suicidal threats and agitation was related to the medication decrease or whether it was more related to frustration over not being discharged. It is hard to separate out and the two may actually relate to each other. His frustration tolerance may improve with a slightly higher dose of Risperdal. In the meantime, it would be reasonable to continue at 2 mg a day dose and some time in the future reconsider challenging the medicine. Overall, it has been useful to have been able to taper Risperdal from 6 mg a day down to 2 mg a day and have him do okay with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 216 that." His 12/16/06 PDR note stated "he has had an increase in suicide threats; possibly associated with being angry and agitated. He has had a significant increase over the last three months with LWOP. He has had an increase of assaults over the last three months and overall has not done as well. He reports positive auditory hallucinations with commands to hurt females. He is having a lot of violent ideation. He seems somewhat distressed by these experiences." The note included a plan to increase his Abilify from 2.5 mg to 5 mg each morning and consider a further decrease of Risperdal in 3 months. His 3/10/06 PDR note stated "The increase in the Abilify overall seems to have been helpful. We considered the option of challenging Risperdal at this time. His last challenge of Risperdal went poorly. The team, patient, and family seem to be inclined strongly towards not challenging Risperdal at this point. This seems reasonable at this point, considering that all indicators seem to be moving forward. Overall, the patient seemed pleasant, euthymic, appropriate and interacted quite well." Individual #16's 3/10/06 PDR notes were not consistent with his 10/7/05 PDR notes as they related to the success of the reduction in his Risperdal. His 6/9/06 PDR note stated "We discussed the option of a challenge of Risperdal. Staff feels that no challenges for at least 6 months would be helpful in terms of trying to establish a steady baseline in behavior. I believe this is a	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 217	W 312		

reasonable consideration, although it would be desirable in the future to try challenging Risperdal when we have a stable baseline established." The PDR note included a plan to "Reconsider a challenge" of Risperdal 2 mg in six months.

However, Individual #16's BSP, updated 5/17/06, included a medication plan which stated the following:

- Risperdal 1 mg each morning and 2 mg each evening for Schizoaffective disorder, bipolar type as evidenced by assaults. Criteria for increasing the medication was set at 30 or more assaults per month for 3 consecutive months. Criteria for decrease was set at 15 or less assaults per month for 6 consecutive months.

- Abilify 2.5 mg each morning for Schizoaffective disorder, bipolar type as evidenced by assaults. Criteria for increasing the medication was set at 30 or more assaults per month for one month. Criteria for decrease was set at 15 or less assaults per month for 6 consecutive months.

- Effexor 150 mg daily for Schizoaffective disorder, bipolar type as evidenced by assaults and depression (suicide threats). Criteria for increasing the medication was set at 2 or more suicide threats per month for 6 consecutive months. Criteria for decrease was set at no suicide threats for 6 consecutive months.

- Strattera 40 mg twice a day for ADHD as evidenced by impulsivity, attention problems and assaults. Criteria for increasing the medication was set at 30 or more assaults per month and/or a T-score of 60 or more per month on the ADHD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 218 subscale of the Connors Rating Scale. Criteria for decrease was set at 15 or less assaults per month for 6 consecutive months and/or T-score of 55 or less per month on the ADHD subscale of the Connors Rating Scale. - Topamax 50 mg each morning and 10 mg each evening for Schizoaffective disorder, bipolar type as evidenced by assaults. Criteria for increasing the medication was set at 30 or more assaults per month for 2 consecutive months. Criteria for decrease was set at "15 or more" assaults per month for 6 consecutive months. It was unclear why the decrease in Topamax was based on an increase in assaultive behavior. The T-score ratings, as identified in the medication plan for Strattera, was to be evaluated monthly. However the data collection section of the plan stated the Rating Scale was to be administered every three months. It was not clear how Individual #16 was to meet the criteria established in his medication plan. Further, the T-score ratings could not be found prior to 3/23/06, the medication doses were not reflective of what he was taking in accordance with his PDR notes, auditory hallucinations/commands to hurt people (as identified in his 12/16/06 PDR note) were not identified as symptoms of his Schizoaffective disorder, and Individual #16 had met and exceeded the assault criteria established in his medication reduction plan (15 or less assaults per month for 6 consecutive months) as follows: 7/05: 3 8/05: 3 9/05: 10 10/05: 12	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 219 11/05: 7 12/05: 7 1/06: 8 2/06: 8 3/06: 13 4/06: 12 It was unclear whether or not the criteria established in Individual #16's medication reduction plan was appropriate in light of his behavioral data. Individual #16's medication reduction plan, as stated in his BSP, was not consistent with his PDR reviews or reflective of his behavioral/mental health status. 3. Individual #11's BSP, revised 6/27/05, stated he was a 12 year old male. His BSP included objectives to reduce assaults, destruction of property, leaving without permission, and attempts to leave without permission. His BSP included a medication plan which stated the following: - Depakote 500 mg BID for ADHD, combined type, evidenced by poor impulse control and assaultive behavior. The criteria for decrease was set at more than 50 assaults per month for 2 consecutive months or maintaining blood levels of 80 - 120 mcg/ml. Criteria for decrease was set at 25 or less assaults for 3 consecutive months. - Risperdal 3 mg each morning and 2 mg each evening for ADHD combined type, evidenced by poor impulse control and assaultive behavior. The criteria for decrease was set at more than 50 assaults per month for 2 consecutive months. Criteria for decrease was set at 25 or less assaults for 3 consecutive months.	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 220	W 312		

Individual #11's PDR notes stated the following:

- 9/16/05: "We talked about potential for challenging medications. Previous challenge of Depakote went quite poorly with a severe increase in problem behavior of a dangerous nature. Later, we ended up having to raise the Depakote dose even higher because of behavioral problems that did improve. His current Depakote level is 67. He was switched to Depakote ER 500 mg b.i.d. without apparent problems. It may more [sic] reasonable to challenge Risperdal." The PDR note included a plan to decrease Risperdal to 2.5 mg each morning and 2 mg each evening.

- 12/16/05: "...He had a challenge of Risperdal three months ago and his behavior has remained largely at baseline except for an increase in LWOP...We discussed challenging Risperdal further. The treatment team consensus was that with the number of peer group changes and the change in behavioral plan going into effect in the near future, it would be better to postpone challenging Risperdal further."

- 3/10/06: "...The patient has had a slight increase in some problematic behaviors. Overall he has not done terribly. He says that his thoughts are racing more in his head. He may be slightly more agitated...We talked about previous option of challenging Risperdal but the consensus was we were concerned about some of his more problematic behaviors increasing and that the notion of trying to address that was more appropriate. There has been an area of question whether Depakote has been helpful in the past

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 221 but there seems to be some correlation between decreasing blood levels and increasing impulsivity on his part." The PDR note included a plan to increase his Depakote ER to 500 mg each morning and 1000 mg each evening. His behavior data reflected the following: Assaults: 11/05: 34 12/05: 25 1/06: 22 2/06: 25 DOP: 11/05: 23 12/05: 19 1/06: 11 2/06: 21 LWOP: 11/05: 79 12/05: 47 1/06: 39 2/06: 27 Attempted LWOP: 11/05: 7 12/05: 11 1/06: 14 2/06: 21 Attempted Assaults: 11/05: 21 12/05: 11 1/06: 16 2/06: 17	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 222 It was unclear which of Individual #11's behaviors warranted increasing the Depakote. His PDR note, dated 6/9/06, stated "Increasing Depakote with a therapeutic level in the ball park of 100 has not resulted in any significant improvement and he may actually be slightly worse. We talked about the possibility of other medications...It does not appear that he has been on Inderal in the past and this would seem reasonable to try..." The PDR note included a medication plan which included decreasing Depakote to 500 mg twice daily and "Consent for Inderal for impulsive behavior control. Will probably start on 20 mg b.i.d. when consent is available." It was unclear which "impulsive behavior" the PDR note was referring to, in order to warrant the use of the Inderal. 4. Individual #14's BSP, dated 3/29/06, stated he was a 14 year old male. His BSP included objectives for assaults, self induced vomiting, destruction of property, and self harm. He required 1:1 staffing. His medication plan stated the following: - Anafranil 100 mg each evening for his impulse control disorder and anxiety disorder as evidenced by assaults, self harm and episodes of destruction. The plan listed the criteria for increase as incidents of self harm being greater than 10 in any one month. The criteria for decrease was listed as incidents of self harm being less than 3 for 6 consecutive months.	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 223 - Zyprexa 10 mg each evening for his impulse control disorder and anxiety disorder as evidenced by assaults and self harm. The plan listed the criteria for increase as incidents of assault being greater than 40 or episodes of destruction of property being greater than 20 in any one month. The criteria for decrease was listed as incidents of destruction being 5 or assaults being 10 for 6 consecutive months. His behavior summary documented he had engaged in the following: Assaults: -7/05: 23 -8/05: 15 -9/05: 29 -10/05: 44 -11/05: 49 Self harm: -7/05: 10 -8/05: 5 -9/05: 7 -10/05: 8 -11/05: 12 Destruction of property: -7/05: 1 -8/05: 4 -9/05: 9 -10/05: 7 -11/05: 1 Self induced Vomiting: -7/05: 10 -8/05: 21 -9/05: 8	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 224 -10/05: 20 -11/05: 7 His Psychoactive Drug Review note, dated 12/16/05, stated "He has had an increase in assaults over the last three months for reasons that appear to relate to a change of environment, with change in his peer group specifically being an issue, and also recently a change of treatment staff...The treatment team recommends no medication changes while behavioral interventions are explored and instituted." His behavior summary documented he had engaged in the following: Assaults: -12/05: 28 -1/06: 44 -2/06: 27 -3/06: 32 Self harm: -12/05: 4 -1/06: 8 -2/06: 5 -3/06: 4 Destruction of property: -12/05: 1 -1/06: 1 -2/06: 1 -3/06: 3 Self induced Vomiting: -12/05: 13 -1/06: 8 -2/06: 30	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 225 -3/06: 13 His Psychoactive Drug Review note, dated 3/10/06, stated "An anxiety observation checklist was performed with a score of 40, which shows a reasonably significant amount of anxiety symptoms. He has been vomiting frequently, which is self-induced, and staff feels that it is an expression of his anxiety symptoms...It seems that the anxiety symptoms are significant enough to warrant some exploration of treatment alternatives...Alteration of Clomipramine [Anafranil] with Lexapro would reduce the potential cardiotoxicity of his medication regimen...We discussed various benzodiazepine choices and Klonopin and Xanax XR seemed more desirable..." No documentation of discussion related to on-going peer group and treatment team staff changes could be found in his Psychoactive Drug Review notes. His 3/29/06 BSP stated it was being revised to "request consent for medication changes. Medication changes are being considered due to the concern over [Individual #14's] increased frequency of self-induced vomiting." His BSP also stated Anafranil would replace Lexapro and Xanax-XR would be started to better address issues of impulse control disorder (not otherwise specified) and Anxiety disorder (not otherwise specified) "as evidenced by assaults, self harm, and episodes of self induced vomiting due to anxiety." When asked about the medication changes, the Clinician stated during an interview on 6/19/06 at 12:30 p.m., the medication changes were made in relation to increased on-going anxiety	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 226	W 312		

symptoms including self induced vomiting.

The "Functional Assessment" section his BSP also stated many of his "assaults appear to be when he is feeling overwhelmed by his environment being too chaotic and/or he is intimidated by something that is going on in his environment, such as another peer being restrained or aggressive..." The assessment did not include information related to continuing changes in his peer group (increasing the number of maladaptive behaviors and restraints on his living unit) or the changes in his treatment team members.

Without discussion of the on-going environmental factors which potentially impacted his maladaptive behavior, the Psychoactive Drug Review team would not be able to make appropriate recommendations/decisions related to Individual #14's behavioral medications.

5. Individual #13's BSP, updated 6/16/05, stated he was a 16 year old male, and had the following diagnosis: impulse control disorder NOS, paraphilias, and mild to moderate mental retardation. His BSP included objectives for physical assaults, sexual misconduct, invasion of space, and grooming related to sexual misconduct. The plan stated he was re-admitted to the facility on 3/23/05 and was receiving "Seroquel, 500mg/day; Fluvoxamine (Luvox), 200mg/day; Trileptal, 1200mg/day" and his first several weeks at the facility had been "relatively uneventful. Then [Individual #13] began to re-engage in some of his previously documented challenging behaviors to include: attempts to choke staff and assaults toward his peers, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 227 making verbal threats towards staff and peers. Further, [Individual #13] began to display sexual grooming type behaviors and poor physical boundaries with his peers and staff. Based on his history at [the facility] and other community placements the team feels strongly that the low number of his targeted behaviors since admission reflect a 'Honeymoon period'. The treatment team anticipates an increase or reemergence of targeted behaviors." Individual #13's BSP included a medication reduction plan which stated the following: -Trileptal 1200 mg each day for impulsivity as defined by physical assaults, invasion of space, and sexual misconduct. The plan listed criteria for increase by 300-600 mg a day if assaults towards others was greater than 2 a month, or invasion of space was greater than 15 a month, or sexual misconduct was greater than 2 a month. Criteria for decrease was listed as assaults towards others less than 10 a month for 6 consecutive months, or invasion of space less than 5 a month for 6 consecutive months, or sexual misconduct zero a month for 6 consecutive months. -Seroquel 600 mg each day for impulsivity as defined by physical assaults, invasion of space, and sexual misconduct. The plan listed criteria for increase by 25-50 mg a day if assaults towards others was greater than 2 a month, or invasion of space was greater than 8 a month, or sexual misconduct was greater than 2 a month. Criteria for decrease was listed as assaults towards others than 10 a month for 6 consecutive months, or invasion of space less than 5 a month	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 228	W 312		

for 6 consecutive months, or sexual misconduct zero a month for 6 consecutive months.

-Luvox 100 mg each day for impulsivity as defined by physical assaults, invasion of space, and sexual misconduct. The plan listed criteria for increase by 25-100 mg a day if assaults towards others was greater than 2 a month, or invasion of space was greater than 8 a month, or sexual misconduct was greater than 2 a month. Criteria for decrease was listed as assaults towards other less than 10 a month for 6 consecutive months, or invasion of space less than 5 a month for 6 consecutive months, or sexual misconduct zero a month for 6 consecutive months.

a. His behavior data, dated 4/05 - 9/05, documented he had engaged in the following:

Assaults:
4/05: 1
5/05: 4
6/05: 3
7/05: 2
8/05: 1
9/05: 11

Invasion of Space:
4/05: 11
5/05: 4
6/05: 6
7/05: 6
8/05: 7
9/05: 35

Sexual Misconduct:
4/05: 0

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 229 5/05: 0 6/05: 0 7/05: 2 8/05: 1 9/05: 0 Individual #13's PDR note, dated 10/14/05, stated he "has had increase in assaults and increased verbal threats of killing people. Invasion of space has, likewise, been a problem." The PDR note stated the plan was to "increase Seroquel to 200 mg q.a.m. and 600 mg q.h.s." and "increase Trileptal to 600 mg q.a.m. and 900 mg q.h.s." The increased of Seroquel by 100 mg a day was not in accordance with the criteria stated in the medication plan of 25-50 mg a day. No summary data was available regarding his "verbal threats of killing people" as referenced in the 10/14/05 PDR note. Additionally, no other information related to environmental factors (i.e., peer group changes and treatment team changes) which may have contributed to the increase in assaults and invasion of space in 9/05 could be found in the PDR notes. b. Individual #13's behavior data, 9/-05 - 10/05, documented he had engaged in the following: Assaults: 9/05: 11 10/05: 2 Invasion of Space: 9/05: 35 10/05: 7 Sexual Misconduct:	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 230	W 312		

9/05: 0
10/05: 0

Individual #13's PDR note, dated 11/04/05, stated "the patient has had some serious assaults in the recent past." It further stated "his invasion of space actually seems to have decreased in the past month." The PDR note included a plan to a "request for increased dosage range of Seroquel, up to 1600 mg per day."

It was unclear why the "request for increased dosage range of Seroquel" was made as his assaults had decreased. Additionally, he had not met the increase criteria for assaults as stated in his medication plan (i.e., more than 2 in one month).

c. Individual #13's behavior data, dated 10/05 - 12/05, documented the following:

Assaults:
10/05: 2
11/05: 3
12/05: 3

Invasion of Space:
10/05: 7
11/05: 23
12/05: 32

Sexual Misconduct:
10/05: 0
11/05: 0
12/05: 1

Individual #13's PDR note, dated 12/16/05, stated "he has been having some continuing problems

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 231	W 312		

with assaults and sexual misconduct." The note indicated HRC approval had been obtained to increase Seroquel up to 1600 mg per day, and an increase would be made when guardian approval was obtained. The PDR plan included "increase Seroquel to 300 mg q.a.m. and 700 mg q.h.s. when consent is available."

The increased of Seroquel by 200 mg a day was not in accordance with the criteria stated in the medication plan of 25-50 mg a day. Additionally, it was unclear what was meant by "continuing problems" with sexual misconduct as his behavioral data did not document a continuing pattern of sexual misconduct.

d. Individual #13's behavior data, dated 10/05 - 1/06, documented the following:

Assaults:
10/05: 2
11/05: 3
12/05: 3
1/06: 1

Sexual Misconduct:
10/05: 0
11/05: 0
12/05: 1
1/06: 0

Invasion of Space:
10/05: 7
11/05: 23
12/05: 32
1/06: 22

Individual #13's PDR note, dated 1/13/06, stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 232 "we reviewed his behavioral data. He had an increase in Seroquel to 1000 mg a day, approximately four weeks ago. He has had a significant improvement in terms of his behavioral problems since that time." The plan stated Individual #13 was to continue Luvox 100 mg twice daily, Seroquel 300 mg each morning and 700 mg each evening which "may need to be adjusted upwards if problems re-emerge, but will continue this for the time being," and Trileptal 600 mg each morning and 900 mg each evening. Individual #13's medication changes were not completed in accordance with the medication plan established in his BSP. Additionally, the PDR notes did not reflect additional discussion related to other factors (changes in peer group, treatment team staff, etc.) which may have contributed to the behavioral challenges he experienced. Without such information, it would not be possible for the PDR to make informed decisions and recommendations regarding Individual #13's medication regime. 6. Individual #15's BSP, dated 1/27/06, stated he was a 14 year old male, and had the following diagnosis: bipolar disorder, hypomania vs. mixed with psychosis, attention deficit hyperactive disorder (ADHD) combined type, oppositional defiant disorder by history, learning disability not currently specified, nocturnal enuresis, and probably mild mental retardation. His BSP included objectives for assaults, DOP, LWOP, and bizarre speech. The "Functional Assessment" section of the plan stated, "He is also very sensitive to noise and chaos which can result in his becoming nervous, frustrated or anxious which lead to yelling at others and	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 233 sometimes escalating into targeted behaviors like physical assault and LWOP." Individual #15's BSP included a medication reduction plan which stated the following: -Abilify 20 mg each morning, with a range of 10-30 mg per day, for bipolar disorder, hypomania versus mixed with psychosis as evidenced by bizarre speech, intermittent explosive anger, assaults, and DOP. The plan listed the criteria for increase as assaults above 20, or DOP greater than 20 in one month. The criteria for decrease was listed as 10 or fewer assaults for 4 consecutive months, or 10 or fewer incidents of DOP for 4 consecutive months, or the absence of bizarre speech for 3 consecutive months. -Risperdal 1 mg each morning and 2 mg each night, with a range of 1-8 mg a day, for bipolar disorder, hypomania versus mixed with psychosis as evidenced by bizarre speech, intermittent explosive anger, assaults, and DOP. The plan listed the criteria for increase as assaults at 20 or more in one month, or DOP of 20 or more in one month, or if bizarre speech increased to 10 episodes in one month. The criteria for decrease was listed as 10 or fewer assaults for 3 consecutive months, or 10 or fewer incidents of DOP for 3 consecutive months, or the absence of bizarre speech for 3 consecutive months. -Trileptal 600 mg each morning and 900 mg each evening, with a range of 600-1800 mg a day, for cyclic mood, impulsivity, intermittent explosive anger as indicated by assaults, LWOPs, and DOPs. The plan listed the criteria for increase as	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 234 assaults above 40, or DOP greater than 20 in one month. Criteria for decrease was listed as 10 or fewer assaults for 6 consecutive months, or 10 or fewer incidents of DOP for 6 consecutive months. -Celexa 40 mg each morning, with a range of 10-60 mg a day, for "depressed mood as indicated in and assaults" [sic]. The plan listed the criteria for increase as 20 or more assaults in one month. The criteria for decrease was listed as 15 or fewer assaults for 3 consecutive months. -Adderall 40 mg each morning and 10 mg at noon, with a range of 10-60 mg a day, for ADHD combined type as evidence by impulsive behaviors such as LWOP and assaults. The plan listed criteria for increase as assaults above 16, or LWOP greater than 10 in one month. The criteria for decrease was listed as fewer than 15 assaults for 3 consecutive months, or an absence of LWOP for 3 consecutive months. -Trazodone 50 mg each night with a range of 50-400 mg a day, for depressed mood as evidenced by assaults. The plan listed the criteria for increase as assaults greater than 15, or DOP greater than 15 in one month. The criteria for decrease was listed as 10 or fewer assaults for 3 consecutive months, or 10 or fewer incidents of DOP for 3 consecutive months. a. Individual #15's behavior data, dated 1/05-4/06, documented he had engaged in the following: Assaults: 1/06: 9	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 235 2/06: 3 3/06:5 4/06: 10 The criteria for reduction of Celexa, as stated in Individual #15's medication plan, was met for 4 consecutive months with no reduction attempt documented. b. Individual #15's behavior data, dated 1/06-4/06, stated he had engaged in the following: Assaults: 1/06: 9 2/06: 3 3/06: 5 4/06:10 DOP: 1/06: 4 2/06: 7 3/06: 10 4/06: 11 LWOP: 1/06: 3 2/06: 3 3/06: 1 4/06: 3 Bizarre speech: 1/06: 4 2/06: 0 3/06: 2 4/06: 0 Individual #15's PDR note, dated 3/10/06, stated, "The patient reports he is doing well. He has	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 236	W 312		

done quite well statistically in the recent past. Overall, his behavioral data has improved significantly. His main residual issues appear to be teasing and bossing of peers. The patient seems stable, calm and euthymic." The note further stated, "We talked about the possibility of challenging his Risperdal." The PDR plan stated, "Continue Risperdal 1 mg q.a.m. and 2 mg q.h.s. (will consider rechallenging this at next PDR)."

Individual #15's PDR note, dated 4/21/06, stated "The patient reports he is doing well. He denies any problems with irritability recently. Unfortunately, the staff does not concur with that assessment and say he has been volatile and moody lately. He has been a bit of a problem in that regard and his mood stability seems to have deteriorated. He does note that he is not sleeping well and he has racing thoughts." The note further stated, "It seems reasonable to adjust his dose of Trileptal upward at this time as this is his primary mood stabilizer and if this is not successful, then may increase his Risperdal." The PDR plan stated "Increase Trileptal to 900 mg b.i.d."

It was unclear as to the reason for the increase in Trileptal. Although an increase was noted in assault and DOP, the increases did not meet the criteria of the plan of more than 40 assaults, or more than 20 incidents of DOP for one month. Additionally, no other information related to environmental factors (i.e., peer group changes and treatment team changes) which may have contributed to Individual #15 being "volatile and moody" as reported by staff was noted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 237 c. Individual #15's PDR note, dated 5/05/06, stated "The patient is having some increased assaultiveness, injury to staff, and significant mood instability. He has been noted to be 'on edge' quite a bit. He had his dose of Trileptal increased and this did not seem to make much of an improvement. His dose of Risperdal was increased about three days ago and he is possibly slightly improved, but it is too early to see a stable trend and he was fairly irritable today." Individual #15's medication changes were not completed in accordance with the medication plan established in his BSP. Additionally, the PDR notes did not reflect additional discussion related to other factors (changes in peer group, treatment team staff, etc.) which may have contributed to the behavioral challenges he experienced. Without such information, it would not be possible for the PDR to make informed decisions and recommendations regarding Individual #15's medication regime. 7. Individual #12's BSP, revised 3/17/06, stated he was a 12 year old male and had the following diagnosis: asperger's disorder, attention deficit hyperactive disorder combined type, schizoaffective disorder bipolar type by history, probable obsessive compulsive disorder, and possible oppositional defiant disorder. His BSP stated he was admitted on 2/03/06. His BSP included objectives for physical assaults, psychotic behavior, destruction of property, and skin picking. a. Individual #12's BSP included a "Data Collection and Definitions" section which defined skin picking as, "Any time that [Individual #12]	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 238	W 312		

scratches, rubs until red, or picks at new or already existing scabs or pieces off skin. One 10 minute probe will be run once daily on swing shift. A new incident will be recorded when there has been an absence of picking for 2 minutes between picks."

It was unclear how staff could differentiate between skin picking as a sign of psychiatric illness and skin picking as a result of eczema. Also, the data collection system in place would not allow staff to capture adequate information as it was designed to track one specific 10 minute period of the day. Furthermore, the definition of a "new incident" being the "absence of picking for 2 minutes" would not allow an accurate picture of the data captured within the defined time segment (i.e., continuous picking during the 10 minute probe, and picking for 30 seconds then stopping, would both equal a "1" on the data sheet).

Individual #12's BSP included a medication plan which stated the following:

-Lexapro 40 mg daily, with a range of 10-30 mg a day, for "manage symptoms of mental illness and target behaviors." The plan listed the criteria for increase as more than 1 incident of skin picking during one 10 minute probe, or "Establishing Baseline for Depression Observation Checklist." The criteria for decrease was listed as fewer than 5 skin picking incidents during one month for 3 consecutive months, or "Establishing Baseline for Depression Observation Checklist."

-Naltrexone 25 mg daily, with a range of 50-200 mg a day, for self injurious behaviors. The plan listed the criteria for increase as more than 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 239	W 312		

incident of skin picking in any one month. The criteria for decrease was listed as zero incidents of skin picking for 6 consecutive months.

It was not clear how criteria in the medication plan could be set for skin picking without consistent and comprehensive data collection.

A PDR note, dated 3/10/06, stated "The patient was not seen today as he was unavailable. The patient's problematic behaviors have been increasing. He has had increasing numbers of assaults, anger outbursts, LWOP, destruction of property, verbal threats and attempted assaults. The patient has possibly had some increase in psychotic symptoms." The plan further stated, "Additionally, he is doing some continued, and maybe worsening, skin picking. He has some eczema and has just started some Elidel, but it appears that a lot of the skin picking does not relate directly to his eczema." The "Impression" section of the plan stated "Eczema with some problematic presentation recently." The PDR plan stated, "Increase ReVia [Naltrexone] to 50 mg q.d."

A PDR note, dated 4/21/06, stated "The patient has had some significant problems with skin picking, destruction of property and restraints." The PDR plan stated "Increase ReVia [Naltrexone] to 100 mg q.d. for his skin picking and self-injury."

b. Individual #12's BSP included a "Data Collection and Definitions" section which defined psychotic behavior as "When [Individual #12] is seeing or hearing things that other people do not see or hear, staff will record this as a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 240	W 312		

hallucination. When [Individual #12] is talking about things that are bizarre, unreal, or things that didn't really occur, staff will record this as a delusion. The combined total of reported hallucinations and delusions will be represented in the data as total psychotic behavior. A new episode will be recorded when there has been an absence of psychotic behavior for 5 minutes."

Review of behavior data showed psychotic behavior was tracked by checking the "psychotic behavior" column on the data sheet. Descriptive data in the ABC section was not required. However, review of completed ABC data showed staff were not tracking psychiatric signs and symptoms accurately. Examples of inaccurate data include, but are not limited to, the following:

-A BRF, dated 3/19/06 at 12:00 p.m., had a check mark in the psychotic behavior column. The ABC narrative data for the incident described physical aggression towards staff and calling staff names.

-A BRF, dated 3/20/06 at 2:25 p.m., had a check mark in the psychotic behavior column. The ABC narrative data for the incident stated he was upset and crying about a personal item being broken. The narrative data further stated he told his mother a day shift staff had broken the item.

-A BRF, dated 4/07/06 at 6:05 a.m., had a check mark in the psychotic behavior column. No ABC data was collected for the incident. Under "Comments" staff had written "raspberry sounds making weird sounds."

-A BRF, dated 4/09/06 at 9:00 a.m., had a check mark in the psychotic behavior column. Staff had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 241	W 312		

written "invasion of space" by the check mark. Under "Comments" staff had written "ABC." No ABC data was documented.

Individual #12's behavioral data was not consistently reflective of psychotic behavior. Furthermore, psychotic behavior was not consistently described in his ABC data.

During an interview on 6/16/06 at 8:02 a.m., the Administrator stated ABC data is used as part of the functional assessment, but after the facility has a clear picture of the behavior, ABC data is not needed. The Administrator stated once the behavior has been established "ABC data is a waste." She stated "It's an issue of perfection versus reality."

Additionally, a "Proposed Medication" sheet attached to his BSP added Seroquel to the medication regiment and stated the start date was 3/10/06. The dose for Seroquel was listed as 300 mg at bedtime, with a range of 25-800 mg a day. The plan listed the criteria for increase as more than 1 psychotic behavior in 1 month, or a total score of 14 or higher on any BPRS in any 1 month. The criteria for decrease was listed as less than 3 psychotic behaviors for 3 consecutive months, or a BPRS score of less than 12 for 3 consecutive months.

A PDR note, dated 3/10/06, stated "The patient's problematic behaviors have been increasing. He has had increasing numbers of assaults, anger outbursts, LWOP, destruction of property, verbal threats and attempted assaults. The patient has possibly had some increase in psychotic symptoms. We have consent for the use of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 242 Seroquel as an alternative for Ability. This is probably better for management of these more aggressive agitated behaviors." The PDR plan stated, "Titrate Seroquel 100 mg q.h.s. times two days and 200 mg q.h.s. times two days and 300 mg q.h.s." A PDR note, dated 4/21/06, stated "The patient has had some significant problems with skin picking, destruction of property and restraints. His assaults have continued to be reasonably high. He does not seem to have been benefited by adding Seroquel up to 300 mg. The patient's mother indicates that he had been on Seroquel in the past at unknown doses and had not responded well to that. She thought he maybe had an increase of aggressive behavior on that. I find it can often be dose related, but it is hard to tell since we do not know what dose he had taken in the past. Staff will watch for any increase in problem behavior associated with increasing does of Seroquel." The PDR plan stated "Titrate Seroquel to 600 mg q.h.s." Without sufficient, comprehensive data being collected and presented regarding Individual #12's skin picking and psychotic behavior, the PDR would not be able to make informed decisions and recommendations regarding Individual #12's medication regime. When asked about the medication plans for the individuals residing on Pine Group 1, the Acting Administrator stated, during an interview on 6/16/06 at 8:02 a.m., the previous Clinician for the group did not adequately coordinate the individuals' plans with the PDR process.	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, it was determined the facility failed to ensure services were provided as indicated by health status for 1 of 11 individuals (Individual #57) whose medical records was reviewed. This resulted in increased risk of choking and aspiration for the individual. Findings include: Individual #57 was a 55 year old male with diagnoses of mild mental retardation, schizoaffective disorder, depressive type, anxiety disorder, mild dementia secondary to CVA (cerebral vascular accident), dysphagia (swallowing difficulty), sleep apnea, and morbid obesity. He utilized a wheelchair for mobility. His 2/28/06 PCP stated "He has a diagnosis of dysphagia and is on mechanical soft textured diet and nectar thickened liquids. "He is at risk for aspiration and needs to be upright at least 75 degrees for all oral intake and 45 degrees for 1 hour after meals." His 2/6/06 History and Physical Examination stated, "It is recommended that his head of bed remain greater than 75 degrees during eating and for approximately 1 hour after his mealtime." During an observation on 5/16/06 from 7:55 - 8:55 a.m., three staff were present as well as a staff person in training, a staff person on "no lifting" status, and a charge person. Individual #57 remained in bed throughout the observation. Breakfast had been served to other individuals in	W 322		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 322	Continued From page 244	W 322		

the group at 7:55 a.m. At 8:05 a.m., staff called to Individual #57 to wake up, to which he replied he was awake. Staff told him he would have to eat breakfast in his bed as two additional staff scheduled to work, had not arrived. At 8:20 a.m., staff brought Individual #57 his breakfast tray and set him up to eat in the bed. The head of his bed did not appear to be at more than a 45 degree angle while he was eating. At 8:25 a.m., the two scheduled staff arrived on the unit for work. Individual #57 was not transferred to his wheelchair to eat in the dining area upon the arrival of additional staff.

Staff were asked during the observation if Individual #57 routinely ate his meals in his bed. They stated he did on occasion if there were insufficient staff to get him into his wheelchair. Individual #57 was asked if he usually ate breakfast in bed and he stated that he did "sometimes."

The minimum number of staff for the group was indicated on the as-worked schedules as 4 for day and swing shifts. The QMRP was interviewed on 5/22/06 at 1:05 and stated Individual #57 ate his breakfast in bed mostly on days when there were only 3 staff on duty. When asked if Individual #57 was a 2 person Hoyer lift transfer, the QMRP stated he was. Individual #57's comprehensive functional assessment, updated 5/15/06, confirmed the 2 person Hoyer lift transfer.

The facility failed to ensure Individual #57 consumed his meals in the recommended position to decrease his risk of choking/aspiration as indicated by his health status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure comprehensive dental services were provided for 1 of 11 individuals (Individual #4) whose medical record was reviewed. This resulted in Individual #4's dental needs to go un-addressed. Findings include: Individual #4 was a 43 year old female with diagnoses of severe mental retardation, Bipolar Disorder, NOS, and maladaptive behaviors (including physical assaults and self injurious behavior). Individual #4's Dental service records showed the following visits in the past year: - 5/17/05: Visit with order to follow up in 6 months. - 3/17/06: Visit with "Dx (diagnosis): hopeless decayed teeth #3,22,24,25....for extraction." At the time decayed teeth were identified, Individual #4 had gone 10 months without dental services.	W 356		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 356	Continued From page 246 Significant Event Reports were reviewed and showed the following incidents related to Individual #4's dental status: - 3/16/06: The report stated Individual #4 engaged in yelling, kicking, digging at her mouth, spitting, and biting her wrists. The behaviors continued from 6:00 to 7:00 p.m. with staff interventions not being successful at calming Individual #4. According to the Behavior Reporting Form and OPFR Charting notes, Individual #4 was given a chemical restraint by injection at 7:00 p.m. The Team Plan and CSU Administrator Actions for all SER events stated in part "...{Individual #4} was also seen in dental clinic on 3/17/06. The dentist reports that {Individual #4} has four teeth that need to be removed (not from poor oral hygiene) and these teeth are probably causing {Individual #4} pain. When {Individual #4} is in pain she is more likely to exhibit problematic behaviors which she has been doing for the last month or so." The plan was "...2. Get consent for having her teeth removed and getting this done ASAP (as soon as possible). 3. The unit physician {name} ordered medication to treat {Individual #4} for tooth pain on a routine basis until her teeth can be removed." - 3/18/06: The report stated Individual #4 engaged in "digging in her mouth and smearing blood" for an unrecorded period of time with a staff entry at 4:52 p.m. Individual #4 was given a chemical restraint at 3:40 p.m. Again, the Team Plan and CSU Administrator Actions for all SER events stated in part"... {Individual #4} was also seen in dental clinic on 3/17. The dentist reports that {Individual #4} has four teeth that need to be	W 356		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 356	Continued From page 247	W 356		

removed (not from poor oral hygiene) and these teeth are probably causing {Individual #4} pain. When {Individual #4} is in pain she is more likely to exhibit problematic behaviors which she has been doing for the last month or so." The plan was "...2. Get consent for having her teeth removed and getting this done ASAP (as soon as possible). 3. The unit physician {name} ordered medication to treat {Individual #4} for tooth pain on a routine basis until her teeth can be removed."

- 5/3/06: The report was on Individual #56 and described Individual #4 striking Individual #56 on the left shoulder. The Team Plan and CSU Administrator Actions for all SER events stated in part, "...{Individual #4} is waiting to have oral surgery to remove some teeth that are causing her pain. This is scheduled later this month. Once this is done we suspect {Individual #4's} behavioral issues will improve significantly."

Individual #4's Medication Records for 4/06 and 5/06 were reviewed and showed the following:

4/1/06 - 4/3/06: Ultram (synthetic analgesic) 50 mg by mouth four times daily for tooth pain.

4/3/06 - 5/17/06: Ultram 50 mg by mouth twice daily for tooth pain.

A lunch time observation was conducted on 5/16/06 from 12:40 - 1:40 p.m. Individual #4 was seated at a table in the common area with her lunch and beverages in front of her. She appeared to be fighting sleep, as her eyes closed and she leaned to her left side in the chair. She was not eating or drinking. This continued from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 356	Continued From page 248	W 356		

12:40 - 1:15 p.m. At 1:15 p.m., staff roused her and offered her a cheese sandwich, instead of the food from her tray. She signed "yes" and staff went to prepare her sandwich. At 1:20 p.m., after being served the cheese sandwich, Individual #4 got up from her chair, threw it in the trash, and returned to her seat. At 1:25 p.m., staff placed a glass of Ensure in front of Individual #4. When asked if Individual #4 was usually sleepy during mealtime, staff stated she was like that "almost every day" and that her meds "kicked in" making her very sleepy. Staff stated they were to give her Ensure if she was too tired to eat. Individual #4 was observed again on 5/17/06 during the lunch meal and was noted to experience the same apparent sleepiness, leaning etc.

Individual #4's Medication Records for 4/06 and 5/06 showed the following frequency of the dietary supplement Ensure being given if less than 50% of the meal was consumed, or if she refused:

4/06: 26 times.
5/1/06 - 5/17/06: 13 times.

The Unit Team Meeting minutes, dated 5/3/06, stated Individual #4 was scheduled for oral surgery on 5/18/06.

The QMRP and LPN were interviewed on 5/22/06 at 1:05 p.m. When asked why Individual #4 had to wait over two months for needed oral surgery, they stated it had been a scheduling problem, and that the surgery had been cancelled at some point and rescheduled for 5/18/06. When asked why the pain medication was decreased from 4 times daily to 2 times daily on 4/3/06, the LPN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 356	Continued From page 249 stated that Individual #4 had been over-sedated on the medication when given 4 times daily. The facility failed to provide Individual #4 with necessary dental care in a timely fashion, despite the documented impact it had on her behavior and nutritional health.	W 356		
W 441	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure all shifts varied conditions when evacuation drills were conducted for 91 of 91 individuals (Individuals #1 - #91) residing in the facility. This would prevent the facility from identifying how difficult it was to evacuate individuals at varying times during each shift. The findings include: 1. The facility's evacuation drill records, dated 6/2/05 through 3/28/06, showed the following quarterly drills were conducted: Aspen unit: Day Shift : - 6/9/05 at 7:13 a.m. - 8/25/05 at 7:05 a.m. - 10/26/05 at 7:10 a.m. - 1/31/06 at 7:29 a.m. Swing Shift: - 4/6/05 at 5:10 p.m.	W 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 441	Continued From page 250 - 9/8/05 at 5:12 p.m. - 11/29/05 at 5:21 p.m. - 2/24/06 at 6:45 p.m. Night Shift: - 6/20/05 at 10:29 p.m. - 9/21/05 at 10:29 p.m. - 12/8/05 at 11:04 p.m. - 3/22/06 at 11:25 p.m. Birch unit: Day Shift : - 6/9/05 at 7:24 a.m. - 7/14/05 at 7:02 a.m. - 10/26/05 at 7:35 a.m. - 1/31/06 at 8:03 a.m. Swing Shift: - 6/2/05 at 3:58 p.m. - 9/8/05 at 4:45 p.m. - 11/29/05 at 5:45 p.m. - 2/24/06 at 6:25 p.m. Night Shift: - 6/27/05 time not noted - 9/22/05 at 10:33 p.m. - 12/8/05 at 10:45 p.m. - 3/22/06 at 11:37 p.m. Evergreen unit: Day Shift : - 6/2/05 at 8:38 a.m. - 9/3/05 at 8:41 a.m. - 12/5/05 at 9:08 a.m. - 2/22/06 at 8:14 a.m. Swing Shift: - 6/29/05 at 5:08 p.m.	W 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 441	Continued From page 251 - 9/21/05 at 6:33 p.m. - 12/12/05 at 5:10 p.m. - 2/24/06 at 3:15 p.m. Night Shift: - 6/30/05 at 10:19 p.m. - 9/28/05 at 10:05 p.m. - 12/12/05 at 10:44 p.m. - 3/23/06 at 12:32 a.m. Spruce Unit: Day Shift : - 6/20/05 at 8:43 a.m. - 7/11/05 at 6:48 a.m. - 12/5/05 at 9:38 a.m. - 2/22/06 at 8:26 a.m. Swing Shift: - 6/30/05 at 5:10 p.m. - 9/28/05 at 6:09 p.m. - 12/12/05 at 5:23 p.m. - 2/24/06 at 5:37 p.m. Night Shift: - 6/27/05 at 10:27 p.m. - 9/22/05 at 10:10 p.m. - 12/12/05 at 11:13 p.m. - 3/22/06 at 10:48 p.m. Redwood unit: Day Shift : - 6/5/05 at 9:06 a.m. - 9/22/05 at 9:21 a.m. - 11/18/05 at 8:59 a.m. - 2/22/06 at 8:33 a.m. Swing Shift: - 4/19/05 at 4:15 p.m.	W 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 441	Continued From page 252 - 9/28/05 at 6:27 p.m. - 12/8/05 at 4:03 p.m. - 3/8/06 at 4:18 p.m. Night Shift: - 4/9/05 at 1:00 a.m. - 9/21/05 at 10:08 p.m. - 12/14/05 at 10:44 p.m. - 3/28/06 at 10:33 p.m. Pine unit: Day Shift : - 6/4/05 at 7:31 a.m. - 8/25/05 at 7:16 a.m. - 10/26/05 at 7:35 a.m. - 1/31/06 at 7:45 a.m. Swing Shift: - 6/8/05 at 3:56 p.m. - 9/21/05 at 6:51 p.m. - 11/29/05 at 5:33 p.m. - 2/24/06 at 6:03 p.m. Night Shift: - 6/20/05 at 10:17 p.m. - 9/28/05 at 10:27 p.m. - 12/8/05 at 10:13 p.m. - 3/22/06 at 11:55 p.m. When asked about the drills during an interview on 6/14/06 from 1:00 - 1:50 p.m., two physical plant staff stated they were told to have as many individuals on the unit as possible for evacuation drills and the dates and times of the drills were based on their schedules as well. They stated they were unaware that times needed to vary. The facility failed to ensure fire drills were	W 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 441	Continued From page 253 conducted at varying times for all units.	W 441		
W 449	483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills and take corrective action. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to take actions to correct problems that were identified during quarterly evacuation drills for 1 of 4 individuals (Individual #7) identified as refusing to evacuate during evacuation drills. The findings include: 1. Individual #7 was a 19 year old female diagnosed with mild mental retardation, Schizoaffective Disorder, Bipolar Type, type II diabetes, and obesity. Fire Drill logs showed that Individual #7 failed to evacuate the facility on the night shift on 6/27/05 (no specific time identified), night shift on 12/28/05 at 10:45 p.m., morning shift on 1/31/06 at 8:03 a.m., and the morning shift on 4/26/06 at 7:41 a.m. During interview with her QMRP on 6/14/06 at approximately 11:45 a.m., she confirmed an objective to address Individual #7's resistance to participate in evacuation drills had not been developed for inclusion in her PCP.	W 449		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 455	483.470(I)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure infection control procedures were followed to prevent and control infection and/or communicable diseases for 23 of 91 individuals (Individuals #1, #2, #11 - #17, and #26 - #39) residing in the facility. This had the potential to provide opportunities for cross-contamination to occur between individuals, potential for individuals to contract preventable infections, and negatively impact their health. The findings include: 1. During an observation on the Evergreen Unit on 5/15/06 from 11:30 am to 12:00 pm, a staff was noted to use hand sanitizer between working with individuals in the group. After sanitizing his hands, the staff then proceeded to pick his nose. 2. During an observation on Evergreen Unit on 5/15/06 at 2:23 pm, a staff was noted to wash her hands between clients. The staff's hand washing technique included turning on the water, tapping her hands on the interior of the sink, wetting her hands, lathering her hands, rinsing her hands, tapping her hands on the interior of the sink, turning off the faucet with her wet hands, then drying her hands. The staff washed her hands multiple times throughout the observation using the same technique. 3. During an observation on Evergreen Unit on 5/15/06 at 2:23 pm, a staff was noted to pick up a	W 455		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 455	Continued From page 255	W 455		

flexible red plastic tube, that measured approximately 1.5 inches in diameter by two foot in length, from the floor mat and hand it to Individual #37. The tube was covered in dents which resembled teeth marks. Individual #37 proceeded to place the tube in his mouth.

When asked about the tube at approximately 2:30 pm, the staff stated, "It's one that's kept in the room, but we clean it." The staff was not able to indicate how she was sure the toy was clean prior to handing it to Individual #37.

4. During environmental an observation on Pine I Unit on 6/14/06 at 1:10 pm, the following conditions were found:

-Bed sheets in rooms 155, 157, 159, 163, and 169 were soiled and stained with various bodily fluids.
-Showers and shower curtains in rooms 153, 155, 157, 159., 161, and 163 were soiled and contained mildew.
-A half eaten sandwich was found in a drawer in the dayroom.
-Shelves in rooms 146 and 157 contained half eaten food, half empty soda cans, food wrappers, spilled milk, and other food spills.

During an interview on 5/16/06 at 6:57 am, a staff stated clients were responsible for cleaning their own rooms. If the client is cued to clean their room and refuses, staff will clean the room.

The facility failed to assure proper handwashing techniques, sanitation of items individuals placed in their mouths, and general cleaning and sanitation of individuals' bedrooms took place,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 455	Continued From page 256 which increased the risk of infection due to unsanitary conditions, and cross contamination.	W 455		
W 482	483.480(d)(1) DINING AREAS AND SERVICE The facility must serve meals for all clients, including persons with ambulation deficits, in dining areas, unless otherwise specified by the interdisciplinary team or a physician. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, it was determined the facility failed to ensure meals for all individuals were served in the dining area for 1 of 1 individual(Individual #57) observed to eat in bed. This resulted in the potential to negatively impact the individual in the areas of socialization and maintenance of skills, and to increase his risk of choking. Findings include: Individual #57 was a 55 year old male with diagnoses of mild mental retardation, schizoaffective disorder, depressive type, anxiety disorder, mild dementia secondary to CVA (cerebral vascular accident), dysphagia (swallowing difficulty), sleep apnea, and morbid obesity. He utilized a wheelchair for mobility. His 2/28/06 PCP stated "He has a diagnosis of dysphagia and is on mechanical soft textured diet and nectar thickened liquids. He is at risk for aspiration and needs to be upright at least 75 degrees for all oral intake and 45 degrees for 1 hour after meals." During am observation on 5/16/06 from 7:55 -	W 482		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 482	Continued From page 257 8:55 a.m., three staff were present, as well as a staff person in training, a staff person on "no lifting" status, and a charge person. Individual #57 remained in bed throughout the observation. Breakfast had been served to other individuals in the group at 7:55 a.m. At 8:05 a.m. staff called to Individual #57 to wake up, to which he replied he was awake. Staff told him he would have to eat breakfast in his bed as two staff scheduled to work, had not arrived. At 8:20 a.m. staff brought Individual #57 his breakfast tray and set him up to eat in the bed. The head of his bed did not appear to be at more than a 45 degree angle while he was eating. At 8:25 a.m. the two scheduled staff arrived on the unit for work. Individual #57 was not transferred to his wheelchair to eat in the dining area upon the arrival of additional staff. Staff were asked during the observation, if Individual #57 routinely ate his meals in his bed. They stated he did on occasion, if there were insufficient staff to get him into his wheelchair. Individual #57 was asked if he usually ate breakfast in bed he stated that he did "sometimes." The minimum number of staff for the group was indicated on the as-worked schedules as 4 for day and swing shifts. The QMRP was interviewed on 5/22/06 at 1:05 p.m. and stated Individual #57 ate his breakfast in bed mostly on days when there were only 3 staff on duty. When asked if Individual #57 was a 2 person Hoyer lift transfer, the QMRP said he was. The facility failed to provide Individual #57 opportunities to eat his breakfast meal in the	W 482		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	C 06/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	3100 ELEVENTH AVE NORTH NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 482	Continued From page 258 dining area when staff ratios were lower than necessary, and as observed, at other times.	W 482		